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## BIB DATA SHEET

CONFIRMATION NO. 9076

<b>SERIAL NUMBER</b> 10/764,632	<b>FILING or 371(c) DATE</b> 01/26/2004 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> RJ213		
<b>APPLICANTS</b> Raymond Anthony Joao, Yonkers, NY; <b>** CONTINUING DATA *****</b> This application is a CIP of 09/988,445 11/20/2001 PAT 6,725,201 which is a CIP of 08/903,778 07/31/1997 PAT 6,347,302 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/30/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/VALERIE LUBIN/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 9	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> RAYMOND A. JOAO, ESQ. 122 BELLEVUE PLACE YONKERS, NY 10703 UNITED STATES						
<b>TITLE</b> Apparatus and method for providing insurance products, services and/or coverage for leased entities						
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			